2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90223 032 ***150.00

DOCUMENT # K15955

1. Entity Name
ORION BANCORP, INC.

Principal Place of Business	Mailing Address
3838 TAMIAMI TRAIL NORTH NAPLES, FL 34103 US	3838 TAMIAMI TRAIL NORTH NAPLES, FL 34103 US

01162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0030114
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JERRY J WILLIAMS
3838 TAMIAMI TRAIL, NORTH
NAPLES, FL 34103

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ALAN PRATT
STREET ADDRESS	4740 GULF SHORE BLVD, N
CITY-ST-ZIP	NAPLES, FL
TITLE	D
NAME	EARL HOLLAND
STREET ADDRESS	15270 KILBIRNIE DR
CITY-ST-ZIP	FT. MYERS, FL
TITLE	D
NAME	JAMES AULTMAN
STREET ADDRESS	5701 OVERSEAS HIGHWAY
CITY-ST-ZIP	MARATHAN, FL
TITLE	DCP
NAME	WILLIAMS, JERRY J.
STREET ADDRESS	3838 TAMIAMI TRAIL NORTH
CITY-ST-ZIP	NAPLES, FL
TITLE	S
NAME	WILLIAM E MEYERS
STREET ADDRESS	5381 SYCAMORE DRIVE
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	D
NAME	TOROK, JAMES J
STREET ADDRESS	900 ORCHID POINT WAY
CITY-ST-ZIP	VERO BEACH, FL 32963

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William E Meyers 4-26-04 239-261-4262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #